

REPORT OF THE COMMITTEE ON HEALTH & HOSPITALS

January 22, 2008

The Honorable,
The Board of Commissioners of Cook County

ATTENDANCE

Present: Chairman Butler, Vice Chairman Goslin, Commissioners Claypool, Collins, Daley, Gorman, Maldonado, Moreno, Murphy, Peraica, Quigley, Schneider, Silvestri, Sims, Steele and Suffredin (16)

Absent: Commissioner Beavers (1)

Also Present: David Small, Chief Operating Officer – Bureau of Health Services; Andrew Kane, Healthcare Consultant – Kane Consulting; Russell J. Pederson, Senior Consultant - Sellers Feinberg

Ladies and Gentlemen:

Your Committee on Health & Hospitals of the Board of Commissioners of Cook County met pursuant to notice on Tuesday, January 22, 2008 at the hour of 2:00 PM in the Board Room, Room 569, County Building, 118 North Clark Street, Chicago, Illinois.

Your Committee has considered the following items and upon adoption of this report, the recommendations are as follows:

291516 COOK COUNTY HOSPITAL ASSESSMENT ORDINANCE (PROPOSED ORDINANCE). Submitting a Proposed Ordinance sponsored by Todd H. Stroger, President, Forrest Claypool, Elizabeth "Liz" Gorman, and Larry Suffredin, Cook County Board of Commissioners; Co-Sponsored by William M. Beavers, Jerry Butler, John P. Daley, Gregg Goslin, Roberto Maldonado, Joseph Mario Moreno, Joan Patricia Murphy and Deborah Sims, County Commissioners.

The following is a synopsis of the Proposed Ordinance:

PROPOSED ORDINANCE

COOK COUNTY HOSPITAL ASSESSMENT ORDINANCE

BE IT ORDAINED, by the Cook County Board of Commissioners that Chapter 38 Health and Human Services, Article IV, Sections 38-56 through 38-63 are hereby enacted as follows:

Sec. 38-56.	Definitions.
Sec. 38-57.	Assessment.
Sec. 38-58.	Exemptions.
Sec. 38-59.	Payment of assessment; penalty.
Sec. 38-60.	Notice.
Sec. 38-61.	Disposition of proceeds.

Sec. 38-62. Applicability.
Sec. 38-63. Hospital access preservation payments.

Effective Date: This Ordinance shall become effective immediately upon passage.

***Referred to the Committee on Health & Hospitals on 1/9/08.**

Chairman Butler asked Mr. David Small, Chief Operating Officer, Bureau of Health Services to address the Commissioners.

Mr. Small gave the Commissioners a brief overview regarding the State Fiscal Year 2008 Intergovernmental Transfer for Supplemental Payments. Mr. Small provided the Commissioners with a chart that speaks to how the Intergovernmental Transfer for Supplemental Payments works. (See attachment #1)

Further, Mr. Small stated that in terms of the existing Illinois Plan it is due to Sunset, it will expire on June 30, 2008, which means that on July 1, 2008 a new plan needs to be in place or the Federal matching dollars that come in to help fund the Medicaid Program and the State will not be available. Mr. Small also stated that Cook County receives zero dollars under the current Illinois plan which is due to sunset. Under the proposed IHA Model Cook County also would receive zero dollars. However, under the proposed County Ordinance Safety Net Alternative Model, the County is looking at a split to be negotiated with the State of approximately \$150 million or perhaps as much as \$75 million which still needs to be negotiated.

In conclusion Mr. Small stated it is incredibly critical from a timing perspective that a plan be put forward, this is the only plan at this point and time that is on the table that has stated benefits for Cook County and for the Bureau of Health Services. Under the Proposed Ordinance the dollars that would be assessed on the hospitals located in Cook County would be collected by the County and put into a trust fund and forwarded to the State so that the State remains in control in terms of drawing down the matching funds and distributing those dollars according to State Plan, but Cook County would not be in control of those dollars.

Commissioner Daley moved approval of Communication No. 291516, seconded by Commissioner Suffredin. Commissioner Peraica called for a Roll Call, the vote of yeas and nays being as follows:

**ROLL CALL ON MOTION TO APPROVE
COMMUNICATION NO. 291516**

Yeas: Chairman Butler, Vice Chairman Goslin, Commissioners Claypool, Collins, Daley, Gorman, Maldonado, Moreno, Murphy, Quigley, Schneider, Silvestri, Sims, Steele and Suffredin (15)

Nay: Commissioner Peraica (1)

Present: None (0)

Absent: Commissioner Beavers (1)

The motion to approve CARRIED.

Chairman Butler asked the Secretary to the Board to call upon the registered public speakers.

- 1) Sister Shiela Lyne – President and Chief Executive Officer, Mercy Hospital and Medical Center
- 2) Ken Robbins – President, Illinois Hospital Association
- 3) Kevin Scanlan - President and CEO, Metropolitan Chicago Healthcare Council
- 4) Greg Kelley – Secretary/Treasurer, SEIU Local 20
- 5) Dennis Ryan – Vice President, Holy Cross Hospital

Chairman Butler requested that the additional documentation received from public speakers and which was distributed to the Commissioners be made part of the record. (Attachment #2)

**Following is the Cook County Hospital Assessment Ordinance
(Communication No. 291516), as approved:**

COOK COUNTY HOSPITAL ASSESSMENT ORDINANCE (PROPOSED ORDINANCE). Submitting a Proposed Ordinance sponsored by Todd H. Stroger, President, Forrest Claypool, Elizabeth "Liz" Gorman, and Larry Suffredin, Cook County Board of Commissioners; Co-Sponsored by William M. Beavers, Jerry Butler, John P. Daley, Gregg Goslin, Roberto Maldonado, Joseph Mario Moreno, Joan Patricia Murphy and Deborah Sims, County Commissioners.

PROPOSED ORDINANCE

COOK COUNTY HOSPITAL ASSESSMENT ORDINANCE

BE IT ORDAINED, by the Cook County Board of Commissioners that Chapter 38 Health and Human Services, Article IV, Sections 38-56 through 38-63 are hereby enacted as follows:

Sec. 38-56. Definitions.

The following words, terms and phrases, when used in this division shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Case Mix Index means, for any given hospital, the quotient that is the result of dividing the sum of DRG weights for all Medicaid admissions in State fiscal year 2005 by the sum of Medicaid admissions in State fiscal year 2005. This calculation excludes admissions for rehabilitation care, psychiatric care and transplants.

CMS means the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

DHFS means the Illinois Department of Healthcare and Family Services.

DPH means the Illinois Department of Public Health.

Fund means the County Provider Trust Fund

Hospital means an institution, place, building, or agency located in Cook County that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and whether organized for profit or not-for-profit.

Hospital Provider means a person licensed by the Illinois Department of Public Health to conduct, operate, or maintain a hospital, regardless of whether the person is a Medicaid provider. For purposes of this paragraph, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or receiver, executor, trustee, guardian, or other representative appointed by order of the court.

Medicaid Percentage means the State fiscal year 2005 Medicaid inpatient utilization rate.

Occupied Bed Days means the sum of the number of days that each bed was occupied by a patient for all beds during calendar year 2005. Occupied bed days shall be computed separately for each hospital operated or maintained by a hospital provider. The 2005 Annual Survey of Hospitals conducted by the Illinois Department of Public Health will be the source data for Occupied bed days.

Revenue Department means the Cook County Department of Revenue.

Urban Area means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget in OMB Bulletin 04-03, dated February 18, 2004, with a city with a population in excess of 50,000 or a total population in excess of 100,000.

Sec. 38-57. Assessment.

Subject to Sections 38-58 (Exemptions) and 38-62 (Applicability), Beginning July 1, 2008, an annual assessment is imposed on each Hospital Provider in Cook County in an amount equal to the Hospital's occupied bed days multiplied by \$184.72.

The Revenue Department shall use the number of occupied bed days as reported by each hospital on the 2005 Annual Survey of Hospitals conducted by the DPH to calculate the Hospital's annual assessment. If there are data errors in the reported sum of a hospital's occupied bed days as determined by the Revenue Department, then the County may obtain the sum of occupied bed days from any source available, including, but not limited to, records maintained by the Hospital Provider, which may be inspected at all times during business hours of the day by the County or its duly authorized agents and employees.

Sec. 38-58. Exemptions.

(a) A Hospital Provider that is owned or operated by the State or by an instrumentality of a unit of government within the State is exempt from the assessment imposed by Section 38-57(Assessment).

(b) A Hospital Provider whose Hospital does not charge for its services is exempt from the assessment imposed by Section 38-57 (Assessment).

Sec. 38-59. Payment of assessment; penalty

(a) Beginning July 1, 2008, the annual assessment imposed by Section 38-57 (Assessment) shall be due and payable in monthly installments, each equaling one-twelfth of the assessment for the year, on the third County business day of each month. No installment payment of an assessment imposed by Section 38-57 (Assessment) shall be due and payable, however, until after: (i) the Revenue Department receives written notice from the DHFS that the payment methodologies to Hospitals listed under Section 38-63 (Hospital access maintenance payments) have been approved by the CMS and the waiver under 42 CFR 433.68 for the assessment imposed by Section 38-57 (Assessment), if necessary, has been granted by the CMS; and (ii) payments listed under Section 38-63 (Hospital access preservation payments) have been made to the Hospital on the first day of each month that is both a County business day and a State business day.

Upon notification of approval of the payment methodologies listed under Section 38-63 (Hospital access preservation payments) and the waiver under 42 CFR 433.68 for the assessment imposed by Section 38-57 (Assessment), if necessary, has been granted by the CMS; all monthly installments otherwise due under Section 38-57 (Assessment) prior to the date of notification shall be due and payable to the Revenue Department upon written direction from the County and receipt of the payment methodologies listed under Section 38-63 (Hospital access preservation payments).

(b) The Revenue Department is authorized to establish delayed payment schedules for Hospital Providers that are unable to make installment payments when due under this Section due to financial difficulties, as determined by the Revenue Department.

(c) If a Hospital Provider fails to pay the full amount of an installment when due, there shall, unless waived by the Revenue Department for reasonable cause, be added to the assessment imposed in Section 38-57 (Assessment) a penalty equal to 5% of the amount of the installment not paid on or before the due date plus 5% of the portion thereof remaining unpaid on the last day of each 30-day period thereafter.

Section 38-60. Notice.

(a) The Revenue Department shall send an annual notice of assessment to every Hospital Provider subject to assessment under this Ordinance. The initial notice of assessment shall notify the Hospital of its assessment and shall be sent after receipt by the DHFS of notification from the CMS that the payment methodologies listed under Section 38-63 (Hospital access preservation payments) and, if necessary, the waiver granted under 42 CFR 433.68 have been approved. The notice shall be on a form prepared by the Revenue Department and shall state the following:

- (1) The name of the Hospital Provider.
- (2) The address of the Hospital Provider's principal place of business from which the provider engages in the occupation of hospital provider in this County, and the name and address of each hospital operated, conducted, or maintained by the provider in this County.
- (3) The occupied bed days, the annual amount of the assessment imposed under Section 38-57 (Assessment) and the amount of each monthly installment to be paid.

(4) Other reasonable information as determined by the Revenue Department.

(b) If a Hospital Provider conducts, operates or maintains more than one Hospital licensed by the DPH, the provider shall pay the assessment for each Hospital separately.

(c) Notwithstanding any other provision in this Ordinance, in the case of a person or entity that ceases to conduct, operate, or maintain a hospital in respect of which the person is subject to assessment under this Ordinance as a Hospital Provider, the assessment for the year in which the cessation occurs shall be adjusted by multiplying the assessment computed in under Section 38-57 (Assessment) by a fraction, the numerator of which is the number of days in the year during which the provider conducts, operates, or maintains the hospital and the denominator of which is 365. Immediately upon ceasing to conduct, operate, or maintain a Hospital, the person or entity shall pay the assessment for the year as so adjusted (to the extent not previously paid).

(d) Notwithstanding any other provision in this Ordinance, a Hospital Provider who commences conducting, operating or maintaining a Hospital, upon notice by the Revenue Department shall pay the assessment computed under Section 38-57 (Assessment) and subsection (e) in installments on the due dates occurring after the due dates of the initial notice.

(e) Notwithstanding any other provision in this Ordinance, in the case of a Hospital Provider that did not conduct, operate, or maintain a Hospital throughout calendar year 2005, the assessment for that Hospital Provider shall be computed on the basis of hypothetical occupied bed days for the full calendar year as determined by the Revenue Department.

(f) The Revenue Department shall provide a Hospital Provider a reasonable opportunity to request a clarification or correction of any clerical or computational errors contained in the calculation of its assessment.

Section 38-61. Disposition of proceeds.

On a monthly basis, the Revenue Department shall deposit all monies received from Hospital Providers under this Ordinance into the County Provider Trust Fund to be distributed to Hospitals, including Hospitals that may be owned by the State or owned by an instrumentality of a unit of government within the State. Cook County through its Revenue and Finance Department shall negotiate an administrative reimbursement fee with the State to be paid to the County which shall be based on the administrative costs to implement the Assessment in addition to the Hospital access preservation payments.

Section 38-62. Applicability.

(a) The assessment imposed by Section 38-57 (Assessment) shall not take effect or shall cease to be imposed if the DHFS makes changes in 89 Illinois Administrative Code that reduce payments made to Hospital Providers following CMS approval of these methodologies.

(b) The assessment imposed by Section 38-57 (Assessment) shall not take effect or shall cease to be imposed if the assessment is determined to be an impermissible assessment by the CMS.

Section 38-63. Hospital access preservation payments.

The assessment imposed in Section 38-57 (Assessment) shall not be imposed until and unless the DHFS gains federal approval and, subject to State appropriations, begins making payments for the following rate methodologies which are in addition to payments made by DHFS under existing reimbursement policies.

(a) To preserve access to hospital services, the DHFS shall make payments to hospitals as set forth in this Section, except for hospitals described in Section 38-58 for subsections (b) through (p). These payments shall be made on a monthly basis beginning July 1, 2008 except where explicitly stated otherwise in this Section.

(b) Obstetrical care adjustment payments. The DHFS shall pay each Cook County hospital that in State fiscal year 2005 had a Medicaid inpatient utilization rate in excess of 35% and that in that same year provided in excess of 3,750 Medicaid obstetrical days of care, an amount equal to \$1,145 multiplied by each Medicaid obstetrical day of care provided by the hospital in State fiscal year 2005.

(c) Medicaid high volume adjustment payments. The DHFS shall pay each general, acute care hospital with a case mix index greater than .5, and that provided more Medicaid days of care in State fiscal year 2005 than in State fiscal year 2003 and that in State fiscal year 2005 provided more than 12,000 Medicaid inpatient days of care and that is located in the county of Cook or that in State fiscal year 2005 provided more than 28,000 Medicaid inpatient days of care (including crossover days), an amount equal to \$650 multiplied by each Medicaid day of care provided by the hospital in State fiscal year 2005. Each hospital qualifying for this payment will also be paid by the DHFS an additional amount equal to \$2,100 for each Medicaid inpatient day of care in excess of 27,000 days provided in State fiscal year 2005.

(d) Medicaid services expansion payments. The DHFS shall pay each Illinois general, acute care hospital with a case mix index greater than .7 that also experienced at least a 20% increase in its Medicaid inpatient utilization rate between State fiscal year 2005 and State fiscal year 2006 or each general, acute care hospital with a case mix index greater than .65 that also experienced at least a 35% increase in its Medicaid inpatient utilization rate between State fiscal year 2005 and State fiscal year 2006, an amount equal to \$1,650 multiplied by each Medicaid day of care provided by the hospital in State fiscal year 2005. The DHFS will also pay each general, acute care hospital with a case mix index greater than .775 that also experienced at least a 25% increase in its Medicaid inpatient utilization rate between State fiscal year 2004 and State fiscal year 2006 an amount equal to \$1,030 multiplied by each Medicaid day of care provided by the hospital in State fiscal year 2005.

(e) High Volume DSH payments. The DHFS shall pay each hospital that in State fiscal year 2005 provided more than 30,000 Medicaid inpatient days of care and that also had an MIUR in excess of 80%, an amount equal to \$360 multiplied by each Medicaid day of care provided by the hospital in State fiscal year 2005.

(f) Psychiatric services preservation payments.

- (1) The DHFS shall pay each Illinois psychiatric hospital that provided in excess of 4,000 Medicaid inpatient days in State fiscal year 2005 and each general acute care hospital with a distinct part psychiatric unit that provided over 4,000 Medicaid inpatient psychiatric days in State fiscal year 2005 an amount equal to \$235 multiplied by the number of Medicaid inpatient psychiatric day of care provided in State fiscal year 2005.
- (2) For each hospital qualifying under (e) (1) that is paid a per diem rate for Medicaid inpatient psychiatric services that, as of July 1, 2007, was less than \$363.77 and that provided in excess of 16,000 Medicaid inpatient psychiatric days in State fiscal year 2005, the DHFS will pay an amount equal to \$480 multiplied by the number of Medicaid inpatient psychiatric days of care provided in State fiscal year 2005.

(g) Trauma center adjustment payments.

- (1) The DHFS shall pay an additional payment to each general acute care hospital that as of January 1, 2005, was designated as a Level II trauma center and that had a case mix index in excess of 1.0. The payment shall equal \$1,175 multiplied by the number of Medicaid inpatient days provided in State fiscal year 2005.
- (2) The DHFS shall pay an additional payment to each children's hospital that, as of January 1, 2005, was designated a Level I pediatric trauma center and that had a case mix index in excess of 2.0. The payment shall equal \$430 multiplied by the number of Illinois Medicaid inpatient days provided in State fiscal year 2005.

(h) Acuity-based adjustment payments.

- (1) The DHFS shall pay each general acute care hospital having a case mix index in excess of 1.0 and that provided in excess of 3,400 Medicaid inpatient days in State fiscal year 2005, an amount equal to \$525 multiplied by the number of Illinois Medicaid inpatient days provided in State fiscal year 2005.
- (2) The DHFS shall pay each general acute care hospital having a case mix index in excess of .8, that was deemed a disproportionate hospital by the DHFS in State fiscal year 2005, and that provided in excess of 10,000 Medicaid inpatient days in State fiscal year 2005, an amount equal to \$820 multiplied by the number of Illinois Medicaid inpatient days provided in State fiscal year 2005.
- (3) The DHFS shall pay each general acute care hospital having a case mix index in excess of .75 and that provided in excess of 22,000 Medicaid inpatient days in State fiscal year 2005, an amount equal to \$175 multiplied by the number of Illinois Medicaid inpatient days provided in State fiscal year 2005.

(i) Crossover adjustment payments. The DHFS shall pay each general, acute care hospital having a case mix index in excess of .725 and, for State fiscal year 2005, had a ratio of crossover days to total Medicaid days in excess of 50%, an amount equal to \$2,260 multiplied by the number of Illinois Medicaid inpatient days provided in State fiscal year 2005.

(j) Rural CHAP adjustment payments. The DHFS shall pay each hospital that qualifies for Rural Critical Hospital Adjustment Payments and that had a Medicaid obstetrical rate that was at least one-half standard deviation above the mean Medicaid obstetrical rate during the CHAP base period an amount equal to the annual Rural Critical Hospital Adjustment Payment paid to these qualifying hospitals.

(k) Indigent Care DSH payments. The DHFS shall pay each qualifying hospital, reimbursement to defray costs associated with the provision of care to the uninsured indigent.

(l) High volume, high Medicaid outpatient payments. The DHFS shall pay each hospital that provided in excess of 23,000 Medicaid ambulatory procedure listing services in State fiscal year 2005 that also had a Medicaid percentage in excess of 50% or a general, acute care disproportionate share hospital, an amount equal to \$410 multiplied by the number of Medicaid ambulatory procedure listing services provided in State fiscal year 2005. Additionally, any hospital eligible to receive these High volume, high Medicaid payments that provided in excess of 45,000 Medicaid ambulatory procedure listing services in State fiscal year 2005 will receive an add-on payment equal to \$60 multiplied by the number of Medicaid ambulatory procedure listing services provided in State fiscal year 2005 in excess of 45,000.

(m) Emergency care adjustment payments

(1) The DHFS shall pay each Illinois hospital that provided in excess of 4,000 Medicaid Group 3 ambulatory procedure listing services in State fiscal year 2005, had a Medicaid percentage in excess of 37% and whose Medicaid Emergency level one ambulatory procedure listing services in State fiscal year 2005 comprised more than 66.66% of its overall Medicaid Group 3 ambulatory procedure listing services in State fiscal year 2005, an amount equal to \$470 multiplied by the number of Medicaid Group 3 ambulatory procedure listing services provided in State fiscal year 2005.

(2) The DHFS shall pay each Illinois hospital that provided in excess of 7,700 Medicaid Group 3 ambulatory procedure listing services in State fiscal year 2005, had a Medicaid percentage in excess of 24.5%, experienced Medicaid Group 3 ambulatory procedure listing services growth in excess of 23% between State fiscal year 2003 and State fiscal year 2005 and whose Medicaid Emergency level one ambulatory procedure listing services in State fiscal year 2005 comprised more than 33% of its overall Medicaid Group 3 ambulatory procedure listing services in State fiscal year 2005, an amount equal to \$375 multiplied by the number of Medicaid Group 3 ambulatory procedure listing services provided in State fiscal year 2005.

(n) Complexity of care outpatient adjustment payments. The DHFS shall pay each Illinois hospital located in an urban area that provided in excess of 2,500 Medicaid Group 2 ambulatory procedure listing services in State fiscal year 2005, experienced Medicaid Group 2 ambulatory procedure listing services growth in excess of 33% between State fiscal year 2003 and State fiscal year 2005 and whose Medicaid group 2(a) ambulatory procedure listing services in State fiscal year 2005 comprised more than 35% of its overall Medicaid Group 2 ambulatory procedure listing services in State fiscal year 2005, an amount equal to \$660 multiplied by the number of Medicaid Group 2 ambulatory procedure listing services provided in State fiscal year 2005.

(o) Outpatient access preservation payments. The DHFS shall pay each Cook County hospital that experienced Medicaid ambulatory procedure listing services growth in excess of 15% between State fiscal year 2003 and State fiscal year 2005, an amount equal to \$1,975 multiplied by the percentage growth in Medicaid ambulatory procedure listing services provided between State fiscal year 2003 and State fiscal year 2005 multiplied by the number of Medicaid ambulatory procedure listing services provided in State fiscal year 2005.

(p) Rehabilitation outpatient adjustment payments. The DHFS shall pay each hospital that provided more than 5,000 Medicaid Group 6(a) ambulatory procedure listing services in State fiscal year 2005, an amount equal to \$990 multiplied by the number of Medicaid Group 6(a) ambulatory procedure listing services provided in State fiscal year 2005.

(q) Comprehensive outpatient base adjustment payments. Beginning with dates of service on or after April 15, 2008, the DHFS shall pay an add-on of \$55.50 to all Medicaid ambulatory procedure listing services, with the exception of Group 5 services, paid by the DHFS.

(r) The DHFS shall pay John H. Stroger Jr. Hospital of Cook County an amount equal to \$1,333 multiplied by each Medicaid day of care provided by the hospital in State fiscal year 2005.

(s) For purposes of this Section, the terms "Medicaid days", "ambulatory procedure listing services", and "ambulatory procedure listing payments" do not include any days, charges, or services for which Medicare was liable for payment, except where explicitly stated otherwise in this Section.

Effective Date: This Ordinance shall become effective immediately upon passage.

291523

RESOLUTION REQUIRING THE COOK COUNTY BUREAU OF HEALTH SERVICES AND ITS AFFILIATES CONTINUE TO INCLUDE ACCOUNT, GRADE, STEP, BUDGET AND POSITION IDENTIFICATION INFORMATION AS WELL AS ADD SALARY INFORMATION ON ALL REQUESTS TO APPROVE MEDICAL STAFF APPOINTMENTS, REAPPOINTMENTS, MEDICAL STATUS CHANGES AND MID-LEVEL PRACTITIONER APPOINTMENTS AND REAPPOINTMENTS FOR APPOINTEES WHO ARE ALSO EMPLOYEES OF THE COUNTY (PROPOSED RESOLUTION). Submitting a Proposed Resolution sponsored by Robert B. Steele, County Commissioner.

PROPOSED RESOLUTION

WHEREAS, the Cook County Board of Commissioners approves medical staff appointments, reappointments, medical staff status changes and mid-level practitioner appointments and reappointments for the hospitals in the Cook County Bureau of Health Services; and

WHEREAS, for informational purposes the Cook County Board of Commissioners receives account, grade, step, budget and position identification information when approving medical staff appointments, reappointments, medical staff status changes and mid-level practitioner appointments and reappointments for appointees who are also employees of the County; and

WHEREAS, in addition to receiving account, grade, step, budget and position identification information on requests to approve medical staff appointments, reappointments, medical staff status changes and mid-level practitioner appointments and reappointments for appointees who are also employees of the County, specific salary information shall also be included for informational purposes only.

NOW, THEREFORE, BE IT RESOLVED, that the hospitals in the Cook County Bureau of Health Services continue to include account, grade, step, budget and position identification information as well as add salary information on all requests to approve medical staff appointments, reappointments, medical status changes and mid-level practitioner appointments and reappointments for appointees who are also employees of the County.

***Referred to the Committee on Health & Hospitals on 1/9/08.**

Commissioner Steele, seconded by Commissioner Silvestri, moved the approval of Communication No. 291523. The motion carried.

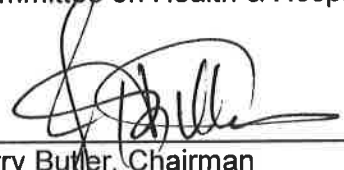
Commissioner Silvestri moved to adjourn the meeting, seconded by Commissioner Daley. The motion carried and the meeting was adjourned.

**YOUR COMMITTEE RECOMMENDS THE FOLLOWING ACTION
WITH REGARD TO THE MATTER NAMED HEREIN:**

Communication Number 291516
Communication Number 291523

Approved
Approved

Respectfully submitted,
Committee on Health & Hospitals



Jerry Butler, Chairman

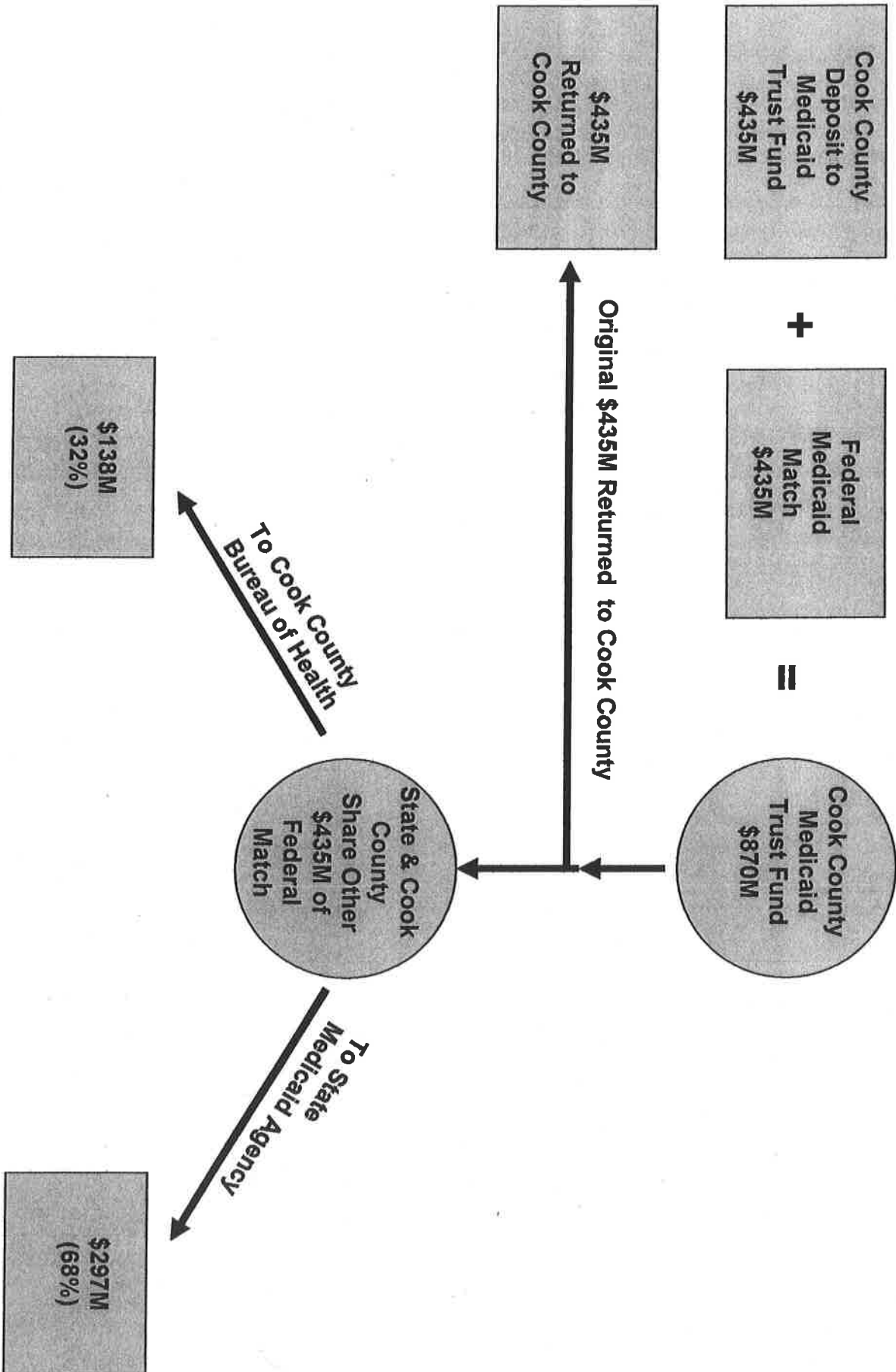
Attest:



Matthew B. DeLeon, Secretary

**** The audio recording for this meeting is available from the Office of the Secretary to the Board, 118 North Clark Street, Room 567, Chicago, IL 60602.**

**STATE FISCAL YEAR 2008 INTERGOVERNMENTAL TRANSFER
FOR SUPPLEMENTAL PAYMENTS**





MERCY HOSPITAL & MEDICAL CENTER
2525 SOUTH MICHIGAN AVENUE
CHICAGO, ILLINOIS 60616-2477
phone 312.567.2000

January 22, 2008

Cook County Board
Health & Hospitals Committee
118 N. Clark Street, 5th Floor
Chicago, IL 60602

Dear Commissioners:

Mercy Hospital and Medical Center is a member of the Association of Safety-Net Community Hospitals. The Association of Safety-Net Community Hospitals was organized to increase the understanding by government entities and elected officials of the specific mission and needs of Safety-Net community hospitals in Illinois. Our mission is critical because, with very limited exceptions, we serve only the neediest members of society.

As safety net hospitals, we are among the first choice for Chicago's poor and uninsured sick. We provide free and low-cost health care to thousands across the area. And clearly by definition we serve a "disproportionate" share of the state's Medicaid clients.

But being able to serve our patients has become a challenge in recent years as we face daunting financial pressures from rising costs, significant charity care, and the need to keep pace with technology.

Our state government has consistently recognized over the past decade there are no longer any significant savings to be found among the disproportionate. The state's Medicaid funding plan is our lifeline and helps keep us alive.

The Cook County ordinance will bring significant funds to the hospitals that provide the most care to the poor and uninsured. We support the state and county's efforts to help us help the many individuals and families that so desperately need our services. We also support the testimony of Sister Sheila Lyne, who will be testifying today on behalf of the Association of Safety-Net Community Hospitals.

The safety net hospitals have been committed to working with the State Government to find solutions to the Medicaid problems in Illinois. To that end we would like to specifically thank Senator Schoenberg for his excellent support on the creation of the past two hospital assessments.

We see the plan as an investment for our future and for the communities we serve. We look forward to working with Cook County to ensure we can continue to provide quality health care to the County's most underserved populations.

We also wish to thank the members of the Cook County Board of Commissioners, the Stroger Administration, the Cook County Bureau of Health Services and all staff for your collaboration and assistance to date.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sheila Lyne".

Sister Sheila Lyne, RSM
President and Chief Executive Officer



Administration

January 22, 2008

Cook County Board
Health & Hospitals Committee
118 N. Clark Street, 5th Floor
Chicago, IL 60602

Dear Commissioners:

My facility, Norwegian American Hospital, is a member of the Association of Safety-Net Community Hospitals. The Association of Safety-Net Community Hospitals was organized to increase the understanding by government entities and elected officials of the specific mission and needs of Safety-Net community hospitals in Illinois. Our mission is critical because, with very limited exceptions, we serve only the neediest members of society.

As safety net hospitals, we are among the first choice for Chicago's poor and uninsured sick. We provide free and low-cost health care to thousands across the area. And clearly by definition we serve a "disproportionate" share of the state's Medicaid clients.

But being able to serve our patients has become a challenge in recent years as we face daunting financial pressures from rising costs, significant charity care, and the need to keep pace with technology.

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We also wish to thank the members of the Cook County Board of Commissioners, the Stroger Administration, the Cook County Bureau of Health Services and all staff for your collaboration and assistance to date.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. O'Grady, Jr.", with a stylized flourish at the end.

Michael J. O'Grady, Jr.
President



Swedish Covenant Hospital

TECHNOLOGY CHANGES. COMPASSION DOES NOT.™

OFFICE OF THE PRESIDENT

January 22, 2008

Cook County Board
Health & Hospitals Committee
118 N. Clark Street, 5th Floor
Chicago, IL 60602

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But being able to serve our patients has become a challenge in recent years as we face daunting financial pressures from rising costs, significant charity care, and the need to keep pace with technology.

Our state government has consistently recognized over the past decade there are no longer any significant savings to be found among the disproportionate. The state's Medicaid funding plan is our lifeline and helps keep us alive.

The Cook County ordinance will bring significant funds to the hospitals that provide the most care to the poor and uninsured. We support the state and county's efforts to help us help the many individuals and families that so desperately need our services. We also support the testimony of Sister Sheila Lyne, who will be testifying today on behalf of the Association of Safety-Net Community Hospitals.

The safety net hospitals have been committed to working with the State Government to find solutions to the Medicaid problems in Illinois. To that end we would like to specifically thank Senator Schoenberg for his excellent support on the creation of the past two hospital assessments.

We see the plan as an investment for our future and for the communities we serve. We look forward to working with Cook County to ensure we can continue to provide quality health care to the County's most underserved populations.

We also wish to thank the members of the Cook County Board of Commissioners, the Stroger Administration, the Cook County Bureau of Health Services and all staff for your collaboration and assistance to date.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Newton". The signature is fluid and cursive, with the first name "Mark" being more prominent than the last name "Newton".

Mark Newton
President/CEO

ST. BERNARD HOSPITAL AND HEALTH CARE CENTER

EXECUTIVE OFFICE

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621

TELEPHONE 773.962.4100 FACSIMILE 773.602.3849

January 22, 2008

*Cook County Board
Health & Hospitals Committee
118 N. Clark Street, 5th Floor
Chicago, IL 60602*

Dear Commissioners:

Our institution, Saint Bernard Hospital, serves Englewood, one of Chicago's poorest communities and federally designated as a medically underserved area. We see thousands of community residents each year, providing state-of-the-art, patient-centered healthcare to those who live and work in the community regardless of their ability to pay for services. Annually Saint Bernard provides greater than \$8 million in free care to those who cannot afford the cost.

Saint Bernard is also a member of the Association of Safety-Net Community Hospitals. The Association of Safety-Net Community Hospitals was organized to increase the understanding by government entities and elected officials of the specific mission and needs of Safety-Net Community Hospitals in Illinois. Our mission is critical because, with very limited exceptions, we serve only the neediest members of society.

As Safety Net Hospitals, we are among the first choice for Chicago's poor and uninsured sick. We provide free and low-cost health care to thousands across the area. And clearly by definition we serve a "disproportionate" share of the state's Medicaid clients.

But being able to serve our patients has become a challenge in recent years as we face daunting financial pressures from rising costs, significant charity care, and the need to keep pace with technology.

Our state government has consistently recognized over the past decade that there are no longer any significant savings to be found among the disproportionate share hospitals. The state's Medicaid funding plan is our lifeline and helps keep us alive.




The Cook County ordinance will bring significant funds to hospitals like ours that provide the most care to the poor and uninsured. We support the state and county's efforts to help us serve the many individuals and families that are so desperately in need. We also support the testimony of Sister Sheila Lyne, who will be testifying today on behalf of the Association of Safety-Net Community Hospitals.

The Safety Net Hospitals have been committed to working with the state government to find solutions to the Medicaid problems in Illinois. To that end we would like to specifically thank Senator Jeff Schoenberg for his unwavering support on the creation of the past two hospital assessments.

We see the plan as an investment for our future and for the communities we serve. We look forward to working with Cook County to ensure we can continue to provide quality health care to the County's most underserved populations.

We also wish to thank the members of the Cook County Board of Commissioners, the Stroger Administration, the Cook County Bureau of Health Services and all staff for your collaboration and assistance to date.

Sincerely,


Sister Elizabeth Van Straten, R.H.S.J.
President-Chief Executive Officer



**Saint
Anthony**
HOSPITAL
Dedicación, nuestro compromiso

2875 West 19th Street | 773.484.1000
Chicago, Illinois 60623 | www.saintanthonyhospital.org

January 22, 2008

Cook County Board
Health & Hospitals Committee
118 N. Clark Street, 5th Floor
Chicago, Illinois 60602

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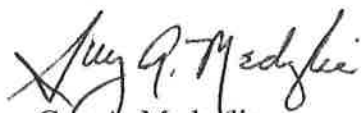
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Sincerely,

A handwritten signature in black ink, appearing to read "Guy A. Medaglia". The signature is fluid and cursive, with a large initial "G" and "M".

Guy A. Medaglia

President and Chief Executive Officer